

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S86701

**FILED
Jan 31, 2008
Secretary of State**

Entity Name: BRAVO VETERINARY CLINIC, INC.

Current Principal Place of Business:

10901 QUAIL ROOST DR
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

10901 QUAIL ROOST DR
MIAMI, FL 33157

New Mailing Address:

FEI Number: 65-0330381 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FRANCINE E TEGZES CPA
8925 SW 148 STREET #200
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: FERNANDEZ-BRAVO, JUA, N C.
Address: 135 HAMPTON LANR
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VPT () Delete
Name: FERNANDEZ, MARIA E
Address: 135 HAMPTON LANE
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FERNANDEZ-BRAVO JUAN C

PS

01/31/2008

Electronic Signature of Signing Officer or Director

_____ Date